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26271 7590 09/16/2011
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Patricia Johnson	(Depositor's name)
//Patricia Johnson//	(Signature)
December 16, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/593,384	08/29/2008	Ajit Alvani	HO-P03388US0	7392

TITLE OF INVENTION: DIAGNOSTIC TEST

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/16/2011
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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SWARTZ, RODNEY P	1645	435-007240
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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Fulbright & Jaworski L.L.P.
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ajit Alvani

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oxford, U.K.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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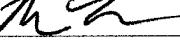
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Authorized Signature 

Date December 16, 2011

Typed or printed name Melissa L. Sistrunk

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